



VOLUNTEER SERVICE VERIFICATION FORM

Lifelong Learning and Service Recognition Application

This form must be completed by the organization for which the Lifelong Learning and Service Recognition (LLSR) candidate provided volunteer service. The LLSR candidate is expected to retain the completed and signed verification form and submit it with the LLSR application.

To Be Completed by the LLSR Candidate

 First name Last name AGD ID number

To Be Completed by the Organization That Received Volunteer Service

 Organization name Website

 Street address City State/Province ZIP/Postal code Country

Check one: For-profit Not-for-profit

Purpose/mission:

 Representative name Telephone Email

 Signature

Candidates may receive credit toward LLSR by performing dental-related community service and/or service to organized dentistry. Please complete the following information to verify the volunteer service performed and return this form to the LLSR applicant.

Dental-Related Community Service

Please indicate the type of *dental-related community service* that the LLSR candidate performed:

Providing *pro bono* dental services through a nonprofit organization

Mentoring a student, emerging dentist, or struggling colleague through a recognized dental organization

Serving at a volunteer dental clinic

Serving overseas on a dental mission

Volunteering at a community program, such as a health fair

Presenting on dental-related topics to school, civic, religious, or community groups, or other health professionals

Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc.

Providing dental screenings to athletes through Special Olympics Special Smiles

Volunteering at a local or national dental meeting, e.g., working at an organization's booth

Serving as an unpaid team dentist for a school, college, or professional sports team, or a youth athletic association

Instituting a mouthguard program for a school, college, or professional sports team, or a youth athletic association

Providing dental education programs at elementary or secondary schools

Volunteering as a Boy/Girl Scout merit badge leader for dental health

Other

For all categories checked, please describe the service provided. If necessary, please continue on an additional sheet.

Please attach all documentation verifying your dental-related community service for each organization (e.g., a formal confirmation or thank-you letter on the organization's letterhead).

To Be Completed by the Organization That Received Volunteer Service *(continued)*

Please indicate when the service occurred:

Type of service	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Number of hours

Did the LLSR applicant receive financial or in-kind payment for services? Yes No

If yes, please explain:

Service to Organized Dentistry

Please indicate the type of *service to organized dentistry* that the LLSR candidate performed:

Serving as a leader for a national dental organization

Serving as a leader for a state/provincial, constituent, or component dental organization

Other: _____

Please describe the scope of the leadership position (e.g., constituent president):

Please indicate when the service occurred:

Type of service	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Number of hours

Did the LLSR applicant receive financial or in-kind payment for services? Yes No

If yes, please explain:

For AGD Staff Use Only

Additional verification: